

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2008		Application Number	09/833,649-Conf. #1743
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 13, 2001
TOTAL AMOUNT OF PAYMENT (\$ 460.00)		First Named Inventor	Satoshi OKAMOTO
		Examiner Name	Y. K. Aggarwal
		Art Unit	2622
		Attorney Docket No.	0879-0310P

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448				Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		210
Multiple dependent claims		370

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
61	64	x =	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	3	x =	

HP = highest number of independent claims paid for, if greater than 3.

Small Entity Fee (\$)	Fee (\$)
	50
	25

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	185

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = /50 = (round up to a whole number) x =		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

460.00

SUBMITTED BY	<i>[Signature]</i>	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Signature					
Name (Print/Type)	Michael R. Cammarata			Date	April 21, 2008